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Older People with HIV/AIDS:
An Analysis of Statewide Case Management Data

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Introduction

Since the early 1980s, the health care system has struggled to meet the needs of individuals diagnosed with acquired immune deficiency syndrome (AIDS). Originally perceived as a disease of gay men, society has begun to realize that AIDS and its causative agent human immunodeficiency virus (HIV), affects society as a whole. Still, HIV/AIDS in the United States is generally regarded as a young person's disease, heavily affecting those in young adulthood and early middle age.[1] Throughout the pandemic, however, approximately 10-12% of all AIDS cases throughout the United States and in some parts of Europe have been reported in persons 50 years of age and over.[2,3,4]

When AIDS cases in California are examined by age, the percentage of cases in persons age 50 and over mirror national figures. As of April, 1998, persons age 50 or over accounted for 12,396 cases or 11.7% of all AIDS cases reported throughout California.[5] As a result of advances in treatment, individuals infected after age 50 may have a longer life expectancy than previously thought, while individuals infected in their forties and fifties are increasingly likely to live into their sixties and beyond.

Service utilization research has sought to determine which demographic, social and illness factors influence the use of health and social services. A better understanding of the factors affecting service use among older persons with

HIV/AIDS is important to practitioners and policy makers in their efforts to design strategies which will facilitate service use. This research explored the effects of age on sociodemographic factors in a population of individuals with HIV/AIDS receiving case management services and examined factors, including age, which affected service utilization patterns. The overall goal of this study was to determine how older persons with HIV/AIDS utilize health and social services compared to their younger counterparts.

Methods

The Request for Project Review and Approval was submitted to the University Review Committee on Human Subjects at Case Western Reserve University in Cleveland, Ohio. The request was accepted in July of 1996.

This research project involved a cross sectional analysis of data from the California Department of Health Services, Office of AIDS, Community Based Care Section. All data analyzed were from fiscal year 1995-96 and included individuals who were enrolled in California's 42 case management programs between July 1, 1995 and June 30, 1996. Collectively known as the AIDS Case Management Program (CMP), these programs provide cost effective home and community based care services to persons with AIDS or symptomatic HIV who are unable to function independently in some aspect of their lives.[6]

The CMPv2 database was provided by the Office of AIDS for this research and transferred to SPSS for analysis. Demographic data including age, gender, ethnicity, living arrangements, exposure risk, income, type of medical coverage, functional status, diagnosis and mortality were used as independent variables. Dependent variables in this model included hospitalizations and outpatients medical visits, use of mental health services, use of practical and emotional support and the utilization of in home care such as skilled nursing, attendant care and homemaker services. Of the 2,659 cases in the data set, all cases of individuals age 50 and over were used (281 cases). A randomly selected younger comparison group was constructed of approximately equal size (350 cases age 30-49). This resulted in a total sample of 631 cases representing 36 of the 42 original case management sites. Because of missing data, 60 cases were eliminated from the analysis. The final sample consisted of 571 cases. All cases were categorized into three age groups: 30-49 years (n=318), 50-59 years (n=190), and 60 and over (n=63).

Results

Because of the significance of age to this research, the sample was analyzed descriptively by age category (Table 1). An increase in the proportion of women was seen as the sample aged. While 12.6% of those 30-49 were female, the percentage increased to 13.7% in those age 50-59 and to 22.2% in the oldest group of subjects. The differences in the proportion of females between the youngest and oldest age groups were statistically significant ($p<.05$).

Exposure to HIV reflected national trends. The proportion of those exposed to HIV from men having sex with men decreased significantly as the sample aged ($p<.05$). Exposure through injection drug use (IDU) also declined with age. In those age 60 and over, 7.9% had been exposed to HIV through IDU compared to 18.4% in those 50-59 years and 17.8% in those age 30-49. HIV exposure through blood products increased significantly as the sample aged ($p<.01$).

The proportion of individuals living alone increased as the sample aged. Those age 60 and over were twice as likely to live alone as compared to those age 30-49 ($p<.01$). Those 60 and over were less likely to be Medicaid recipients than persons in the two other age groups but were significantly more likely to have private health insurance ($p<.05$).

Table 1. Sample Description by Age

	Age 30-49 (n = 318) %	Age 50-59 (n = 190) %	Age ≥60 (n = 63) %
Female*†	12.6	13.7	22.2
Race/Ethnicity			
White	53.2	65.1	61.3
African American	23.7	18.0	21.0
Hispanic	19.6	14.3	11.3
Asian/Pacific Islander	1.6	2.1	6.5
Native American	0.6	0.5	0.0
Exposure to HIV‡			
Men Having Sex with Men*	74.1	64.7	52.6
Injection Drug Use	17.8	18.4	7.9
Heterosexual	17.4	21.6	21.1
Blood Products**	3.0	5.9	15.8
Lives Alone**	23.3	30.3	53.0
≤ 300% of Poverty Level	63.0	51.4	60.0
Medicaid	54.1	51.0	40.0
Private Insurance*†	35.6	37.9	56.3
Metropolitan Statistical Area	95.3	95.1	96.1
AIDS Diagnosis	85.8	86.8	84.1
Karnofsky ≤ 60	59.0	58.0	62.0
Fatal Illness During Study*	9.7	12.1	17.5

*p<.05; **p<.01; ***p<.001. †Significance is between youngest and oldest groups only.
‡Exposure categories are not mutually exclusive and do not add to 100%.

Age had little influence on the percentage of subjects who had an AIDS diagnosis. The percentages of individuals with AIDS varied by less than three percent across all age groups. Age did, however, influence mortality. As seen in Table 1, the mortality rate increased from 9.7% in those ages 30-49 to 12.1% in those ages 50-59 and 17.5% for those persons ages 60 and over. These findings were statistically significant ($p<.05$) using a one-tailed chi square statistic. In this instance, a one tailed test was used as the direction was predicted beforehand.

A multivariate analysis was completed using multiple regression to determine the influence of various factors on the use of services. Table 2 provides a summary of the variables and unstandardized regression coefficients used in this research. As seen in Table 2, predisposing variables were rarely significant predictors of service utilization. Being male was found to be positively associated with more mean hospital days per month, while injection drug use was negatively associated with hospital stays.

Enabling characteristics emerged as an important predictor of service use including the use of emotional support, attendant care, homemaker services and practical support. The analysis found individuals residing in non-metropolitan areas used more services than individuals living in metropolitan areas. Poverty level and insurance coverage was significant in the use of emotional support, attendant care and practical support. Having Medi-Cal (Medicaid) was positively associated with use of attendant care services.

Table 2. Summary Table of Unstandardized Regression Coefficients, Significance and R^2 for all Variables

	Medical Services			Psychosocial Services			In Home Services		
Variable	Hospital Admission	Hospital Days	Physician Visits	Mental Health Visits	Emotional Support	Attendant Care	In Home Nursing	Home Maker	Practical Support
Predisposing									
Age	.003	.014	.008	.012	-.011	-.066	-.011	.109	-.018
Male	.354	2.73*	.266	-.549	-1.11	-44.12	.285	2.82	-.088
Living Alone	.018	-.135	.212	-.031	-.938	-2.30	1.55	-.566	-1.23
White	.072	-.013	.355	.247	.028	-4.31	-1.97	-.614	1.06
MSM	-.209	-1.70	-.080	-.382	.179	19.11	1.27	6.05	-1.99
IDU	-.264	-2.69*	-.548	.080	.414	20.32	-2.16	2.50	-.344
Heterosexual	.101	.613	.749	.158	-.890	.342	-.700	-1.26	-1.20
Blood	-.128	-.813	.407	-.614	1.16	47.59	1.66	5.56	-.746
Enabling									
MSA	-.076	-.258	-.288	.333	-6.16***	28.01	-1.08	-25.30***	-5.38***
Poverty Level	.102	-.005	-.441	.277	-1.37*	9.78	.718	1.90	-1.58*
Private Ins.	.190	.142	.132	.353	.290	37.45*	-2.91	-.627	.058
Medicaid	-.029	.493	-.176	-.350	.093	45.45***	-2.39	2.13	.575
Need									
Karnofsky	-.012**	-.108***	.034**	.009	.004	-1.14**	.043	-.093	-.003
AIDS	.079	.807	1.27*	.247	-2.91	-7.94	3.52	5.08	.541
Death	.346*	.697	.142	.316	.677	-1.05	-.171	-2.02	-.399
R^2	.3459	.4572	.1860	.1833	.3439	.3006	.0755	.3369	.2917

*p<.05; ** p<.01; ***p<.001

MSM denotes men who have sex with men; IDU denotes injection drug use; MSA denotes Metropolitan Statistical Area.

Need characteristics were associated with service utilization in both medical care and in-home services. Functional status was measured using the Karnofsky Performance Scale (KPS). The Karnofsky Performance Scale is an 11 point rating scale ranging from normal functioning (100) to dead (0). The KPS has been used with various populations[7] and has been significantly correlated with other instruments which measure functional status.[8] Karnofsky scores were negatively associated with hospital admissions, hospital days and use of attendant care services, while Karnofsky scores were positively associated with outpatient medical visits. Having received an AIDS diagnosis was positively associated with higher rates of outpatient medical care.

Discussion

The purpose of this study was to examine the effects of age on service utilization among a population of persons with HIV/AIDS. It was hypothesized that age would be negatively associated with services used in areas such as emotional support and mental health services. It was also hypothesized that age would be positively associated with higher rates of medical care. Being older was found to be significantly associated with

being female, living alone, having private insurance and mortality.

The results suggest that older women are in fact at risk for HIV/AIDS. The risk for older women must be recognized by health care providers and older women themselves.[9] HIV/AIDS education and prevention efforts are most often targeted at women of child bearing age, ignoring post menopausal women.[10] There is the need for improved screening of sexual histories of older clients with expanded efforts to reach older women at risk for HIV infection.[11] Findings also indicate that older people with AIDS were more likely to live alone. Older persons with HIV/AIDS may be at higher risk for social isolation, including depression and social stigma.[12] Outreach efforts must identify and target older persons. The increase in mortality is also noteworthy.

The hypotheses that age would affect service utilization among an older population was not supported. One possible explanation is that all individuals in this study received the services of a case manager. A major function of case management is to "improve access to services among the nation's at-risk, underserved and vulnerable populations."[13] Case managers are responsible for promoting continuity of care and improving client access to appropriate services.[13] The function of case management then, should be to mitigate inequities in service provision across age groups as well as across other sociodemographic variables such as gender, ethnicity or risk category. The results of this study reflect that age was not a significant factor in the utilization of health and social services. Further research is needed using a sample of individuals who do and do not receive case management services. Such research could then determine the effect case management has on the utilization of services in older and younger populations.

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HIV Care / Education and Prevention Statewide Community Planning

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Introduction

California has led the nation with HIV Community Planning in the 1990s. California established the HIV Comprehensive Care Working Group in 1991 to implement the Ryan White Care Act and allocate Title II funds. The State also created the Community Planning Working Group (CPWG) in 1994 to develop a statewide plan for HIV education and prevention activities. The California approach has been used as a model for Community Planning by the Centers for Disease Control and Prevention as well as numerous other states.

Statewide HIV Education and Prevention Community Planning Working Group

In 1994, the Office of AIDS received federal funds from the CDC to begin a mandatory community planning process for HIV prevention programs. To implement this process, the Office of AIDS established the Community Planning Working Group (CPWG), composed of persons with AIDS, community advocates, public health officials, people from communities of color, people from disability communities, and individuals who are targeted for HIV prevention services. The CPWG helped develop the statewide *California HIV Prevention Plan* that was completed in January 1995.

This plan directed the functioning of HIV prevention in California. The CPWG has completed the planning process and begun to implement the goals and objectives outlined in the prevention plan. In September 1998, the CPWG completed an update to the statewide *California HIV Prevention Plan.*

HIV Comprehensive Care Working Group

The Office of AIDS established the HIV Comprehensive Care Working Group in 1991 to help implement the Ryan White CARE Act and allocate Title II funds. The Working Group comprises people with HIV/AIDS, representatives from state and local health departments, AIDS service providers, Title I Eligible Metropolitan Area (EMAs), local HIV Care Consortia, and AIDS activists and advocates. The members are ethnically, culturally, and geographically diverse, representing the changing face of California, and they possess a variety of perspectives and experiences. In 1995, the Office of AIDS expanded the role of the HIV Comprehensive Care Working Group to include assisting with planning for HIV care and treatment in California encompassing both state- and Title II-funded programs. More recently the Working Group has provided input on emerging issues such as the observed and perceived changes in the epidemic resulting from the powerful new drug combination therapies and integration of services.

Merger of Statewide HIV Prevention and Care Planning Groups

Plans have begun to merge the statewide HIV Care and Prevention Groups to be one combined group with the first meeting scheduled for April 1999. This newly established joint HIV Planning Group will have three co-chairs, separate Prevention and Care Committees, and integrated Committees involving both prevention and care representatives. This combined HIV Planning Group should result in a better integration of HIV services, a more effective use of time in planning and a significant cost savings.

Local HIV Community Planning

Local health jurisdictions have organized to form Local Planning and Implementation Groups which are comprised of health department staff, representatives from community-based organizations, and advocates from the communities

they serve. Each group developed a local HIV prevention plan as a blueprint for implementing local education and prevention programs. This process has strengthened the partnership and collaboration between the public and private sector AIDS communities in the ongoing effort to prevent HIV transmission in California. In FY 1997-98, the Office of AIDS provided local health jurisdictions with guidance and time lines to assess the implementation of their HIV prevention plans and to measure the progress and success of their local planning groups. Office of AIDS staff provide technical assistance to local health jurisdictions and local planning and implementation groups, to help them implement their local HIV prevention plans and address new requirements for ongoing community planning. In 1997, local health jurisdictions submitted updated or revised plans to the Office of AIDS. These updated plans will guide the local planning and implementation groups for the remainder of FY 1998-99.

Local HIV Care Consortia

Local HIV Care Consortia represent collaborations of one or more public, and one or more private non-profit health care and support service providers and community-based organizations operating in the areas most affected by HIV disease. Currently there are more than thirty HIV Care Consortia in California. These consortia must use Title II funds for planning, developing, and delivering essential health care and support services to individuals with HIV disease. Specific responsibilities of each HIV Care Consortium include:

- Conducting or updating an assessment of HIV/AIDS service needs for the geographic service area.
- Establishing a service delivery plan and priorities for the allocation of Title II funds.
- Coordinating the delivery of HIV-related services and contracting with other providers, when necessary.
- Evaluating the success and cost-effectiveness of the consortium's response to identified

Education and Prevention Program Funding

California has received national recognition for its use of a funding formula developed in collaboration with CPWG's Resource Allocation Committee. As a result of the statewide *California HIV Prevention Plan* and the implementation of HIV Prevention Community Planning, the Office of AIDS awarded more than $17 million in education and prevention program funding directly to local planning and implementation groups in FY 1998-99 as follows:

- $50,000 baseline funding to each of 17 rural local health departments, and
- $17.7 million to maintain the current level of funding for local health jurisdictions providing education and prevention services.

After consultation with the CPWG, the Office of AIDS allocated the CDC supplemental funds noted above in the following priority areas identified in the *California HIV Prevention Plan*:

- substance users and their sex partners,
- gay and bisexual men of all ethnicities and ages,
- sex industry workers,
- youth and adolescents,
- people of color, and
- transgender/transvestite individuals

In addition to the funding described above, the HIV Education and Prevention Services Branch collaborates with the HIV/AIDS Epidemiology Branch to fund epidemiologic, surveillance and serosurveillance studies.

Table 1. AIDS cases by age group, exposure category, and gender reported October 1, 1996 through September 30, 1997 and October 1, 1997 through September 30, 1998; and cumulative totals by age group through September 30, 1998 in California.

	Male				Female				Totals					
Adult/adolescent Exposure Category	**Oct. 1996-Sep. 1997**		**Oct. 1997-Sep. 1998**		**Oct. 1996-Sep. 1997**		**Oct. 1997-Sep. 1998**		**Oct. 1996-Sep. 1997**		**Oct. 1997-Sep. 1998**		**Cumulative Total**	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Homosexual/bisexual	4,570	73%	3,557	66%	-	-	-	-	4,570	64%	3,557	59%	77,585	72%
IDU (heterosexual)	715	11%	603	11%	263	35%	183	29%	978	14%	786	13%	10,681	10%
Homosexual/bisexual IDU	484	8%	392	7%	-	-	-	-	484	8%	392	7%	9,396	9%
Lesbian/bisexual IDU	-	-	-	-	9	1%	6	1%	9	-	6	-	124	0%
Coagulation Disorders	23	-	28	-	-	-	1	-	23	-	30	-	545	1%
Heterosexual	148	2%	154	3%	369	49%	278	43%	517	7%	432	7%	4,424	4%
Blood transfusion	39	1%	25		24	3%	22	3%	63	1%	47	1%	1,575	1%
Other/undetermined	401	6%	627	11%	91	12%	149	23%	492	7%	777	13%	3,913	4%
Subtotal	6,380	100%	5,386	100%	756	100%	641	100%	7,136	100%	6,027	100%	108,244	100%
Pediatric (<13 years old) Exposure Category	**Oct. 1996-Sep. 1997**		**Oct. 1997-Sep. 1998**		**Oct. 1996-Sep. 1997**		**Oct. 1997-Sep. 1998**		**Oct. 1996-Sep. 1997**		**Oct. 1997-Sep. 1998**		**Cumulative Total**	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Coagulation Disorders	-	-	-	-	-	-	-	-	-	-	-	-	30	5%
Blood transfusion	-	-	-	-	1	10%	-	-	1	4%	-	-	111	19%
Mother at risk:														
--IDU	3	23%	2	15%	1	10%	2	25%	4	17%	4	19%	148	26%
--Sex with IDU	-	-	2	15%	1	10%	1	13%	1	4%	3	14%	79	14%
--Sex w/bisexual male	-	-	-	-	1	10%	-	-	1	4%	-	-	26	5%
--Sex w/HIV infected	1	8%	3	23%	5	50%	2	25%	6	26%	5	24%	68	12%
--Blood transfusion	1	8%	2	15%	-	-	-	-	1	4%	2	10%	22	4%
--HIV infected	7	54%	2	15%	1	10%	2	25%	8	35%	4	19%	76	13%
Other/undetermined	1	8%	2	15%	-	-	-	-	1	4%	2	10%	8	1%
Subtotal	13	100%	13	100%	10	100%	8	100%	23	100%	21	100%	570	100%
TOTAL	**6,393**		**5,399**		**766**		**649**		**7,159**		**6,048**		**108,814**	

Table 2. AIDS cases by age group, exposure category, and race/ethnicity reported through September 30, 1998 in California.

Adult/adolescent Exposure Category	White		Black		Hispanic		Asian/ Pacific Is.		Native American		Not Specified		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Homosexual/bisexual	53,056	79%	9,017	50%	13,505	66%	1,627	74%	257	57%	123	75%	77,585	72%
IDU (heterosexual)	3,989	6%	4,357	24%	2,153	11%	98	4%	69	15%	15	9%	10,681	10%
Homosexual/bisexual IDU	6,060	9%	1,748	10%	1,414	7%	82	4%	86	19%	6	4%	9,396	9%
Lesbian/bisexual IDU	53	-	45	-	21	-	1	-	4	1%	-	-	124	-
Coagulation Disorders	369	1%	43	-	104	-	24	1%	1	-	4	3%	545	1%
Heterosexual	1,608	2%	1,388	8%	1,265	6%	142	6%	18	4%	3	2%	4,424	4%
Blood transfusion	916	1%	175	1%	367	2%	110	5%	3	1%	4	2%	1,575	1%
Other/undetermined	1,073	2%	1,107	6%	1,591	8%	121	5%	13	3%	8	5%	3,913	4%
Subtotal	67,124	100%	17,880	100%	20,421	100%	2,205	100%	451	100%	163	100%	108,244	100%
Pediatric (<13 years old) Exposure Category	**White**		**Black**		**Hispanic**		**Asian/ Pacific Is.**		**Native American**		**Not Specified**		**TOTAL**	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Coagulation Disorders	16	10%	1	1%	11	5%	2	13%	-	-	-	-	30	5%
Blood transfusion	42	26%	23	13%	39	19%	7	47%	-	-	-	-	111	19%
Mother at risk:														
--IDU	51	31%	68	39%	25	12%	-	-	4	80%	-	-	148	26%
--Sex with IDU	18	11%	20	11%	39	19%	1	7%	1	20%	-	-	79	14%
--Sex w/bisexual male	8	5%	4	2%	13	6%	1	7%	-	-	-	-	26	5%
--Sex w/HIV infected	10	6%	13	7%	41	20%	3	20%	-	-	1	100%	68	12%
--Blood transfusion	7	4%	3	2%	12	6%	-	-	-	-	-	-	22	4%
--HIV infected	11	7%	41	23%	23	11%	1	7%	-	-	-	-	76	13%
Other/undetermined	-	-	3	2%	2	1%	-	-	-	-	-	-	5	1%
Subtotal	163	100%	176	100%	210	100%	15	100%	5	100%	1	100%	570	100%
TOTAL	**67,287**		**18,056**		**20,631**		**2,220**		**456**		**164**		**108,814**	

Table 3. Adult/adolescent AIDS cases by gender, exposure category, and race/ethnicity, through September 30, 1998 in California.

Male Exposure Category	White		Black		Hispanic		Asian/ Pacific Is.		Native American		Not Specified		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Homosexual/bisexual	53,056	82%	9,017	59%	13,505	72%	1,627	82%	257	64%	123	78%	77,585	77%
IDU (heterosexual)	2,954	5%	3,130	20%	1,778	9%	66	3%	44	11%	10	6%	7,982	8%
Homosexual/bisexual IDU	6,060	9%	1,748	11%	1,414	8%	82	4%	86	21%	6	4%	9,396	9%
Coagulation Disorders	354	1%	41	-	102	1%	24	1%	1	-	4	3%	526	1%
Heterosexual	448	1%	429	3%	394	2%	30	2%	5	1%	3	2%	1,309	1%
Blood transfusion	589	1%	84	1%	174	1%	61	3%	2	0%	3	2%	913	1%
Other/undetermined	900	1%	830	5%	1,388	7%	95	5%	9	2%	8	5%	3,330	3%
Subtotal	64,361	100%	15,279	100%	18,756	100%	1,985	100%	404	100%	157	100%	100,942	100%
Female Exposure Category	**White**		**Black**		**Hispanic**		**Asian/ Pacific Is.**		**Native American**		**Not Specified**		**TOTAL**	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
IDU	1,035	37%	1,227	47%	375	23%	32	15%	25	53%	5	83%	2,699	37%
Lesbian/bisexual IDU	53	2%	45	2%	21	1%	1	0%	4	9%	-	-	124	2%
Coagulation Disorders	15	1%	2	0%	2	0%					-	-	19	0%
Heterosexual	1,160	42%	959	37%	871	52%	112	51%	13	28%			3,115	43%
Blood transfusion	327	12%	91	3%	193	12%	49	22%	1	2%	1	17%	662	9%
Other/undetermined	173	6%	277	11%	203	12%	26	11%	4	9%	-	-	683	9%
Subtotal	2,763	100%	2,601	100%	1,665	100%	220	100%	47	100%	6	100%	7,302	100%
TOTAL	**67,124**		**17,880**		**20,421**		**2,205**		**451**		**163**		**108,244**	

Table 4. AIDS cases in adolescents and adults under age 25, by exposure category reported October 1, 1996 through September 30, 1997 and October 1, 1997 through September 30, 1998; and cumulative totals by age group through September 30, 1998 in California.

	13-19 years old						20-24 years old					
Exposure Category	**Oct. 1996-Sep. 1997**		**Oct. 1997-Sep. 1998**		**Cumulative Total**		**Oct. 1996-Sep. 1997**		**Oct. 1997-Sep. 1998**		**Cumulative Total**	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Homosexual/bisexual	10	40%	7	23%	94	30%	116	58%	89	53%	1,921	61%
IDU (heterosexual)	-	-	4	13%	13	4%	26	13%	21	12%	286	9%
Homosexual/bisexual IDU	2	8%	3	10%	16	5%	9	4%	7	4%	365	12%
Lesbian/bisexual IDU	-	-	-	-	-	-	-	-	-	-	5	-
Coagulation Disorders	2	8%	2	7%	75	24%	2	1%	6	4%	69	2%
Heterosexual	3	12%	1	3%	40	13%	26	13%	21	12%	286	9%
Blood transfusion	6	24%	3	10%	44	14%			-	-	36	1%
Other/undetermined	2	8%	10	32%	27	8%	23	11%	32	19%	174	5%
TOTAL	**25**	**100%**	**30**	**100%**	**309**	**100%**	**201**	**100%**	**169**	**100%**	**3,152**	**100%**

Table 5. AIDS cases by gender, age at diagnosis, and race/ethnicity, reported through September 30, 1998 in California.

Male Age at Diagnosis--Years	White		Black		Hispanic		Asian/ Pacific Is.		Native American		Not Specified		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0-4	47	-	67	-	71	-	4	-	2	-	-	-	191	-
5-12	40	-	28	-	38	-	4	-	-	-	-	-	110	-
13-19	77	-	35	-	106	1%	8	-	2	-	-	-	228	-
20-24	1,268	2%	448	3%	920	5%	67	3%	14	3%	5	3%	2,722	3%
25-29	7,054	11%	1,977	13%	3,450	18%	254	13%	74	18%	23	15%	12,832	13%
30-34	14,238	22%	3,490	23%	4,829	26%	426	21%	112	28%	31	20%	23,126	23%
35-39	14,807	23%	3,523	23%	3,924	21%	437	22%	97	24%	36	23%	22,824	23%
40-44	11,412	18%	2,626	17%	2,561	14%	370	19%	55	14%	26	17%	17,050	17%
45-49	7,215	11%	1,551	10%	1,352	7%	216	11%	25	6%	15	10%	10,374	10%
50-54	3,995	6%	827	5%	761	4%	89	4%	10	2%	8	5%	5,690	6%
55-59	2,195	3%	430	3%	446	2%	62	3%	8	2%	8	5%	3,149	3%
60-64	1,187	2%	219	1%	235	1%	28	1%	4	1%	2	1%	1,675	2%
65 or older	913	1%	153	1%	172	1%	28	1%	3	1%	3	2%	1,272	1%
Subtotal	63,834	100%	15,374	100%	18,865	100%	1,993	100%	406	100%	157	100%	101,243	100%
Female Age at Diagnosis--Years	**White**		**Black**		**Hispanic**		**Asian/ Pacific Is.**		**Native American**		**Not Specified**		**TOTAL**	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
0-4	50	2%	65	2%	79	5%	4	2%	3	6%	1	14%	202	3%
5-12	26	1%	16	1%	22	1%	3	1%	-	-	-	-	67	1%
13-19	24	1%	23	1%	29	2%	5	2%	-	-	-	-	81	1%
20-24	1369	5%	131	5%	150	8%	7	3%	3	6%	-	-	430	6%
25-29	408	14%	347	13%	318	18%	34	15%	9	18%	-	-	1,116	15%
30-34	593	21%	530	20%	344	19%	28	12%	12	24%	2	29%	1,509	20%
35-39	505	18%	598	22%	303	17%	45	20%	8	16%	1	14%	1,460	19%
40-44	393	14%	446	17%	207	12%	27	12%	6	12%	1	14%	1,080	14%
45-49	257	9%	267	10%	111	6%	30	13%	3	6%	1	14%	669	9%
50-54	135	5%	111	4%	77	4%	13	6%	4	8%	-	-	340	4%
55-59	78	3%	73	3%	59	3%	12	5%	1	2%	-	-	223	3%
60-64	69	2%	36	1%	37	2%	7	3%	-	-	-	-	149	2%
65 or older	162	6%	39	1%	30	2%	12	5%	1	2%	1	14%	245	3%
Subtotal	2,839	100%	2,682	100%	1,766	100%	227	100%	50	100%	7	100%	7,571	100%
TOTAL	**66,673**		**18,056**		**20,631**		**2,220**		**456**		**164**		**108,814**	

Table 6. AIDS cases, deaths, and case-fatality rates by half-year of diagnosis through September 30, 1998 in California.

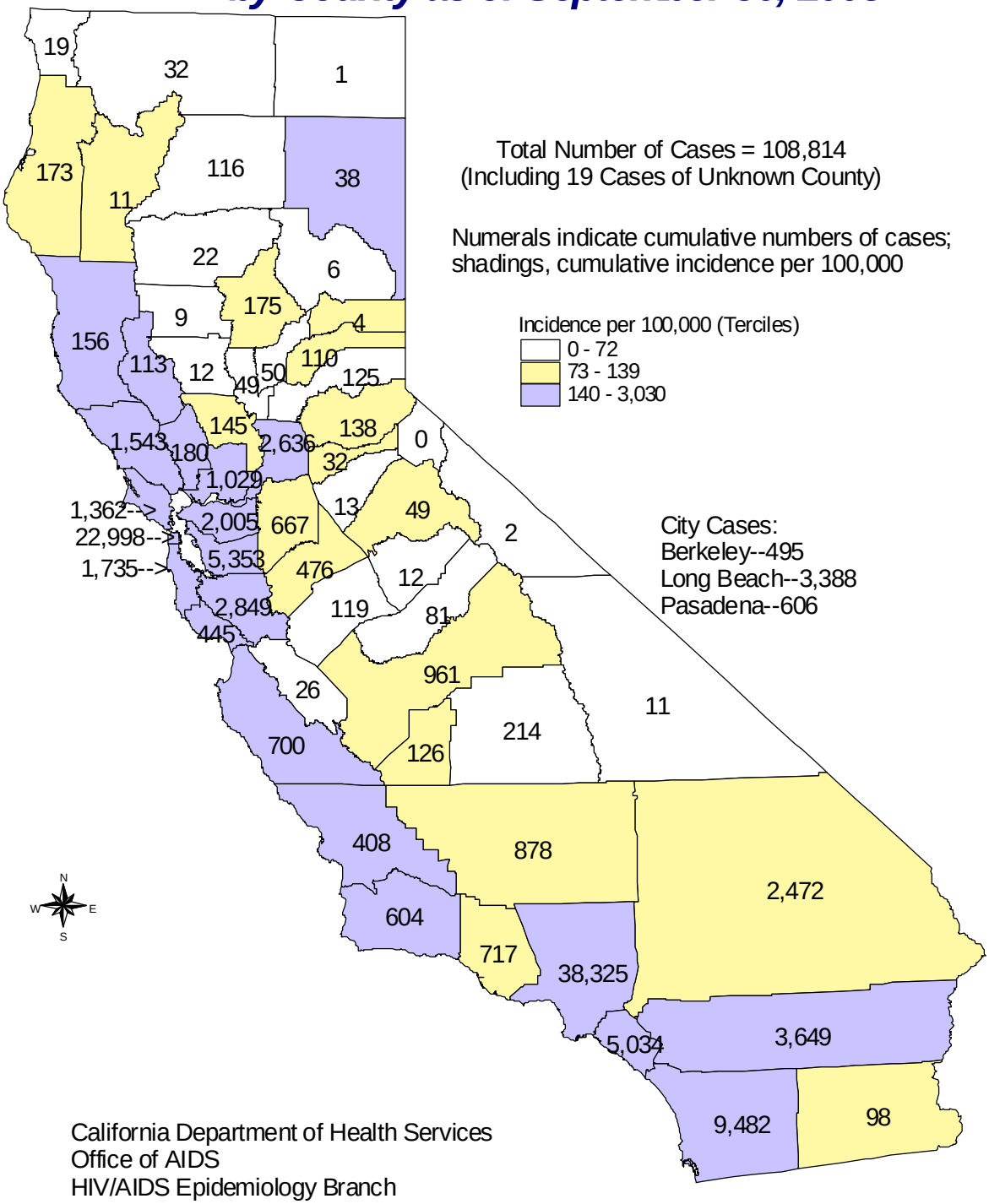
Half-Year of Diagnosis	Number of Cases	Number of Deaths	Case Fatality Rate
Before 1983	306	291	95%
1983 Jan-June	295	285	97%
July-Dec	413	395	96%
1984 Jan-June	594	575	97%
July-Dec	813	781	96%
1985 Jan-June	1,163	1,122	96%
July-Dec	1,419	1,367	96%
1986 Jan-June	1,836	1,774	97%
July-Dec	2,231	2,133	96%
1987 Jan-June	2,761	2,641	96%
July-Dec	2,901	2,728	94%
1988 Jan-June	3,270	3,065	94%
July-Dec	3,414	3,132	92%
1989 Jan-June	4,045	3,638	90%
July-Dec	4,029	3,571	89%
1990 Jan-June	4,524	3,892	86%
July-Dec	4,470	3,797	85%
1991 Jan-June	5,271	4,297	82%
July-Dec	6,019	4,722	78%
1992 Jan-June	6,440	4,640	72%
July-Dec	6,351	4,269	67%
1993 Jan-June	6,325	3,784	60%
July-Dec	5,597	2,886	52%
1994 Jan-June	5,515	2,394	43%
July-Dec	4,797	1,709	36%
1995 Jan-June	5,023	1,331	26%
July-Dec	4,294	910	21%
1996 Jan-June	4,031	682	17%
July-Dec	3,143	413	13%
1997 Jan-June	2,850	310	11%
July-Dec	2,344	232	10%
1998 Jan-June	1,942	170	9%
July-Sep 30	388	17	4%
TOTAL	**108,814**	**67,953**	**62%**

Note: The “Number of Deaths” column gives the number of people diagnosed with AIDS in a given half-year who are known to have died.

Table 7. AIDS cases, cumulative incidence rates per 100,000, deaths, and case-fatality rates, by local health jurisdiction -- California, 1981 through September 30, 1998

County *City*	AIDS Cases	Cumulative Incidence Rate	Deaths	Case-Fatality Rate
Alameda	5,353	384.25	3,317	62.0%
Berkeley	*495*	*471.88*	*328*	*66.3%*
Alpine	0	0.00	0	0.0%
Amador	32	96.36	17	53.1%
Butte	175	85.86	115	65.7%
Calaveras	13	29.70	8	61.5%
Colusa	12	62.38	11	91.7%
Contra Costa	2,005	220.43	1,287	64.2%
Del Norte	19	61.57	10	52.6%
El Dorado	138	87.65	88	63.8%
Fresno	961	116.12	604	62.9%
Glenn	9	31.57	6	66.7%
Humboldt	173	131.44	102	59.0%
Imperial	98	73.15	49	50.0%
Inyo	11	56.38	7	63.6%
Kern	878	129.18	412	46.9%
Kings	126	111.55	57	45.2%
Lake	113	184.04	58	51.3%
Lassen	38	141.50	14	36.8%
Los Angeles	38,325	397.71	24,244	63.3%
Long Beach	*3,388*	*773.87*	*2,095*	*61.8%*
Pasadena	*606*	*450.89*	*384*	*63.4%*
Madera	81	71.84	45	55.6%
Marin	1,362	564.29	727	53.4%
Mariposa	12	67.43	3	25.0%
Mendocino	156	171.92	106	67.9%
Merced	119	55.50	72	60.5%
Modoc	1	9.23	1	100.0%
Mono	2	18.48	1	50.0%
Monterey	700	183.98	401	57.3%
Napa	180	149.30	110	61.1%
Nevada	110	114.22	62	56.4%
Orange	5,034	185.57	2,814	55.9%
Placer	125	57.22	68	54.4%
Plumas	6	27.49	3	50.0%
Riverside	3,649	235.20	1,883	51.6%
Sacramento	2,636	216.77	1,638	62.1%
San Benito	26	58.63	11	42.3%
San Bernardino	2,472	138.92	1,400	56.6%
San Diego	9,482	347.84	5,583	58.9%
San Francisco	22,998	3,030.14	15,826	68.8%
San Joaquin	667	118.78	409	61.3%
San Luis Obispo	408	176.42	193	47.3%
San Mateo	1,735	244.02	1,074	61.9%
Santa Barbara	604	151.79	421	69.7%
Santa Clara	2,849	174.80	1,695	59.5%
Santa Cruz	445	184.68	271	60.9%
Shasta	116	65.25	86	74.1%
Sierra	4	119.40	4	100.0%
Siskiyou	32	68.14	17	53.1%
Solano	1,029	247.77	560	54.4%
Sonoma	1,543	350.60	974	63.1%
Stanislaus	476	105.11	281	59.0%
Sutter	49	61.69	28	57.1%
Tehama	22	37.35	11	50.0%
Trinity	11	77.64	8	72.7%
Tulare	214	56.46	151	70.6%
Tuolumne	49	87.44	31	63.3%
Ventura	717	97.35	452	63.0%
Yolo	145	91.35	92	63.4%
Yuba	50	71.66	30	60.0%
Unknown	19		5	26.3%
TOTAL	108,814	323.49	67,953	62.4%

Cumulative AIDS Cases in California by County as of September 30, 1998



California Department of Health Services
Office of AIDS
HIV/AIDS Epidemiology Branch

MEETINGS/ANNOUNCEMENTS

April 7, 1999 "HIV/AIDS on the Front Line: Resources and Strategies for Physicians and Allied Professionals," Costa Mesa, California. Phone (714) 834-8020, or fax (714) 456-7169.

April 27-29, 1999 "California HIV Planning Group," Burbank, Burbank Hilton Hotel. Contact: Dave Hubbard at (916) 323-7282.

May 2-4, 1999 "HIV Update: Contemporary Issues in Management," Boston, Massachusetts. Phone: 781-279-9887 or 800-378-6857, fax: 781-279-9875, or e-mail: PMPMeeting@aol.com.

July 15-18, 1999 "AIDS Impact 1999" in Ottawa, Canada, focuses on the inter-connected biological, psychological and social aspects of HIV. The conference is an excellent opportunity for people living with HIV, researchers, health care practitioners and others to explore changing trends in the HIV epidemic throughout the world. Contact: Dr. John Service, Executive Director, Canadian Psychological Association. Web: http://www.cpa.ca.

ERRATUM

In the April 1998 issue, in Table 4 on page 35, the headers for the second and fifth columns should read "Apr. 1996 – Mar. 1997," not "Apr. 1996 – Mar. 1996."

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